Data Transmission System (DTS)

DATE: October 24, 2005   **STATUS:** ORIGINAL SUBMISSION

Part C, Non-child count data are due November 1, 2005.

Please read the following basic guidelines before completing the Data Transmission System (DTS) forms:

1. To change the size and appearance of the text on the spreadsheet, select VIEW from the toolbar, select ZOOM, and then select the percentage increase or decrease.

2. Enter the appropriate data into the YELLOW shaded areas on each page of the form. Please be sure to read section heading descriptions so data are entered in the correct section. Also, be sure to enter any State and date information. The two-digit State postal code should appear on every page of the form. A list is available on PAGE1. Use the scroll bar or the up or down arrow keys to scroll through the list. Click on the appropriate State postal code to select it.

3. If you choose to cut and paste data from another area, use the PASTE SPECIAL option and select VALUES. This will protect the current formats.

4. Any comments regarding the submitted data should be entered on the last page of the workbook, titled COMMENTS.

5. Save the completed forms. Please be sure that your State postal code appears in the file name. (Example: Maryland - CT204MD.XLS)

6. RED cells indicate computational errors or an error in reporting race/ethnicity. Sum totals for race/ethnicity should not be greater than reported totals. **Please make sure there are NO RED CELLS before saving and submitting data.**

7. Print the entire workbook by selecting, FILE, PRINT and then select ENTIRE WORKBOOK located in the 'PRINT WHAT' section. Send printed copies of the completed DTS forms to the Office of Special Education Programs (OSEP) at the following address:

>   Stephanie S. Lee, Director
>   Office of Special Education Programs
>   U.S. Department of Education
>   Part C Data Reports
>   Program Support Services Group
>   Mail Stop 2600
>   550 12th Street, S.W.
>   Washington, D.C. 20202
>   Attn: Cheryl Broady

8. If you received your file by e-mail, please return electronic copies of completed DTS forms to Shafali Srivastava at Westat.

>   ShafaliSrivastava@westat.com
>   Westat
>   1650 Research Blvd.
>   RA 1297
>   Rockville, MD 20850-3159

9. If you have any questions or comments, please contact Shafali Srivastava at (301)-315-5998.

TABLE 2

REPORT OF PROGRAM SETTING WHERE EARLY INTERVENTION SERVICES
ARE PROVIDED TO INFANTS AND TODDLERS WITH DISABILITIES
AND THEIR FAMILIES IN ACCORDANCE WITH PART C

DECEMBER 1, 2004

STATE: **ND - NORTH DAKOTA**

Section A: Report by Individual Age Year

PROGRAM SETTING	AGE GROUP AS OF DECEMBER 1				COMPUTED TOTALS
	Total	Birth to 1 (12 Months)	1 to 2 (>12 and <24 months)	2 to 3 (>24 and <36 months)	
TOTAL (ROWS 1-7)	611	129	197	285	611
1. PROGRAM DESIGNED FOR CHILDREN WITH DEVELOPMENTAL DELAY OR DISABILITIES	0	0	0	0	0
2. PROGRAM DESIGNED FOR TYPICALLY DEVELOPING CHILDREN	63	12	18	33	63
3. HOME	525	109	175	241	525
4. HOSPITAL (INPATIENT)	2	2	0	0	2
5. RESIDENTIAL FACILITY	2	1	0	1	2
6. SERVICE PROVIDER LOCATION	7	0	1	6	7
7. OTHER SETTING*	12	5	3	4	12

* Please list the Other Settings included: Homeless Shelters, Safe Homes, Parents place of Employment, Tribal Early Childhood Office

	COMPUTED TOTALS	611	129	197	285

ORIGINAL SUBMISSION
CURRENT DATE: October 21, 2001

OMB NO.: 1820-0557

TABLE 2

FORM EXPIRES: 8/31/2007

REPORT OF PROGRAM SETTING WHERE EARLY INTERVENTION SERVICES
ARE PROVIDED TO INFANTS AND TODDLERS WITH DISABILITIES
AND THEIR FAMILIES IN ACCORDANCE WITH PART C

DECEMBER 1, 2004

STATE: **ND - NORTH DAKOTA**

Section B: Report by Race/Ethnicity

AGE GROUP AS OF DECEMBER 1: BIRTH THROUGH 2

PROGRAM SETTING	TOTAL	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN OR PACIFIC ISLANDER	BLACK (Not Hispanic)	HISPANIC	WHITE (Not Hispanic)	COMPUTED TOTALS	TOTAL SETTING SECTION A
TOTAL (ROWS 1-7)	611	79	2	9	10	511	611	611
1. PROGRAM DESIGNED FOR CHILDREN WITH DEVELOPMENTAL DELAY OR DISABILITIES	0	0	0	0	0	0	0	0
2. PROGRAM DESIGNED FOR TYPICALLY DEVELOPING CHILDREN	63	18	0	1	1	43	63	63
3. HOME	525	56	2	8	9	450	525	525
4. HOSPITAL (INPATIENT)	2	0	0	0	0	2	2	2
5. RESIDENTIAL FACILITY	2	1	0	0	0	1	2	2
6. SERVICE PROVIDER LOCATION	7	0	0	0	0	7	7	7
7. OTHER SETTING*	12	4	0	0	0	8	12	12

* Please list the Other Settings included: Homeless Shelters, Safe Homes, Parents place of Employment, Tribal Early Childhood Office

COMPUTED TOTALS	611	79	2	9	10	511

ORIGINAL SUBMISSION
CURRENT DATE: October 21, 2001

U.S. DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION
AND REHABILITATIVE SERVICES
OFFICE OF SPECIAL EDUCATION
PROGRAMS

COMMENTS

TABLE 2

REPORT OF PROGRAM SETTING WHERE EARLY INTERVENTION SERVICES
ARE PROVIDED TO INFANTS AND TODDLERS WITH DISABILITIES
AND THEIR FAMILIES IN ACCORDANCE WITH PART C

DECEMBER 1, 2004

STATE: **ND - NORTH DAKOTA**

COMMENTS

ORIGINAL SUBMISSION
CURRENT DATE: October 21, 2001